

**New Jersey State Department of Education
Office of Licensure and Credentials**

APPLICANT DATE OF BIRTH RECORD UPDATE REQUEST

Applicant Last Name (Please print all)	First Name	M.I.
Street Address		
City	State	Zip
Social Security Number — —	Date Of Birth	Month Day Year

The applicant is required to present this form to a notary public. Once the following statement is notarized, the form should be forwarded to the New Jersey State Department of Education, Office of Licensure and Credentials, P.O. Box 500, Trenton, New Jersey, 08625-0500.

I affirm that the information presented above is true and accurate.	
_____ Applicant's Signature	
Sworn to before me this _____ day of _____, 20_____	
Notary Seal	<div style="text-align: center; margin-top: 20px;">_____ Notary Signature</div> <div style="text-align: center; margin-top: 20px;">_____ Date</div>